

32692
Customer Number

Patent
Case No.: 58927US004

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Inventor: XU, WENYUAN

Application No.: 10/596674 Confirmation No.: 9269

Filed: December 17, 2004

Title: ESTIMATING PROPAGATION VELOCITY THROUGH A SURFACE ACOUSTIC
WAVE SENSOR

AMENDMENT AND RESPONSE UNDER 37 CFR § 1.111

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR § 1.8(a)]

I hereby certify that this correspondence is being:

deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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transmitted to United States Patent and Trademark Office on the date shown below via the Office electronic filing system.

June 25, 2009

/Sherri K.W. Johnson/

Date

Signed by: Sherri K.W. Johnson

Dear Sir:

In response to the outstanding Office Action, dated March 25, 2009, in the above-identified application, please amend the claims as shown on the following pages.

Fees

Any required fee will be made at the time of submission via EFS-Web. In the event fees are not or cannot be paid at the time of EFS-Web submission, please charge any fees under 37 CFR § 1.17 which may be required to Deposit Account No. 13-3723.

Please charge any fees under 37 CFR §§ 1.16 and 1.17 which may be required to Deposit Account No. 13-3723.

Please charge any additional fees associated with the prosecution of this application to Deposit Account No. 13-3723. This authorization includes the fee for any necessary extension of time under 37 CFR § 1.136(a). To the extent any such extension should become necessary, it is hereby requested.

Please credit any overpayment to the same deposit account.

Additional claim fees for this amendment are computed as follows:

Claims As Amended						
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Additional Fee
Total Claims	29	Minus	34	0	x \$52.00	\$0.00
Independent Claims	4	Minus	3	1	x \$220.00	\$220.00
Additional fee for filing one or more multiple dependent claims, if no such fee has been paid					\$390.00	
Total Additional Fee For This Amendment						\$220.00
** If the "Highest No. Previously Paid For" is less than 20, insert "20" in next space.						
*** If the "Highest No. previously Paid For" is less than 3, insert "3" in next space.						